Fill the think the	formation to idi	FALLY YOU CARE	
(Saldavi )	Zimmic	1	G Ilis
Debber 2 (Arrana, 8 Bires)	Trail Harms	territor (Sarre	( and Marine
United States (	lankrupky Court R	or the Midhan Dist	na of Illindis
Case number (If known)	20-199		

**UNITED STATES BANKRUPTCY COURT** 

**NORTHERN DISTRICT OF ILLINOIS** 

01/26/2022

JEFFREY P. ALLSTEADT, CLERK

M Check if this is an amended filing

Official Form 106E/F

## Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

	Do and the second states	e anainet vou?			
٦.	Do any creditors have priority unsecured claim	s against your			
	No. Go to Part 2.				
	Yes.	reditor has more than one priority unsecured claim, list the	ne creditor sepa	rately for eac	h claim. For
2.	each claim listed, identify what type of claim it is. If nonpriority amounts. As much as possible, list the unsecured claims fill out the Continuation Page of	claims in alphabetical order according to the creditor's no Part 1. If more than one creditor holds a particular claim	ame. If you have	e more than t	wo priority
	(For an explanation of each type of claim, see the	instructions for this form in the instruction bookiet.)	Total claim	Priority amount	Nonpriorit
	1		11.0		4/11
1	÷	Last 4 digits of account number	s <i>N/N</i>	s_ <i>N]A</i> _	_\$ <u>^//</u> #
	Priority Creditor's Name	When was the debt incurred?			
	Number Street				
		As of the date you file, the claim is: Check all that apply	•		
	9971 Ph H	Contingent			
	City . State ZIP Code	☐ Unliquidated			
	Who Incurred the debt? Check one.	☐ Disputed			
	☐ Debtor 1 only	annumer and dalms			
	Debtor 2 only	Type of PRIORITY unsecured claim:			
	Debtor 1 and Debtor 2 only	■ Domestic support obligations			
	At least one of the debtors and another	Taxes and certain other debts you owe the government			
	Check if this claim is for a community debt	<ul> <li>Claims for death or personal injury while you were intoxicated</li> </ul>			
	is the claim subject to offset? ☐ No	Other. Specify	-		
	☐ Yes				
1	u res	Last 4 digits of account number	s NA	s_V/A	s N/A
_	Priority Creditor's Name	When was the debt incurred?	,	,	
	Number Street	As of the date you file, the claim is: Check all that apply	<i>j</i> .		
		☐ Contingent			
	City State ZIP Code	☐ Unliquidated			
	Who incurred the debt? Check one.	Disputed			
	Debtor 1 only	Type of PRIORITY unsecured claim:			
	Debtor 2 only				
	Debtor 1 and Debtor 2 only	Domestic support obligations			
	At least one of the debtors and another	Taxes and certain other debts you owe the government			
	☐ Check if this claim is for a community debt	Claims for death or personal injury while you were Intoxicated			
	Is the claim subject to offset?	Other. Specify	-		

Page 2 of 23 Document limming Lee Ellis ( seption ) Part 11 Your PRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth. Priority Nonpriority amount emount Last 4 digits of account number Triority Cirocian's Name When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent ☐ Unliquidated ☐ Disputed . Who incurred the debt? Check one. Type of PRIORITY unsecured claim: Debtor 1 only Debtor 2 only ☐ Domestic support obligations Debtor 1 and Debtor 2 only Taxes and certain other debts you owe the government At least one of the debtors and another Claims for death or personal injury while you were intoxicated ☐ Check if this claim is for a community debt Other. Specify Is the claim subject to offset? ☐ No ☐ Yes s\_N/A s\_N/A s\_N/A Last 4 digits of account number \_\_\_\_ Priority Creditor's Name When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent ZIP Code ☐ Unliquidated ☐ Disputed Who incurred the debt? Check one. Debtor 1 only Type of PRIORITY unsecured claim: Debtor 2 only Domestic support obligations Debtor 1 and Debtor 2 only Taxes and certain other debts you owe the government At least one of the debtors and another Claims for death or personal injury while you were intoxicated ☐ Check if this claim is for a community debt Other. Specify Is the claim subject to offset? ☐ No Yes SNA SULA SNA Last 4 digits of account number Priority Creditor's Name When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent ZIP Code ☐ Unliquidated ☐ Disputed Who incurred the debt? Check one. Debtor 1 only Type of PRIORITY unsecured claim: Debtor 2 only □ Domestic support obligations Debtor 1 and Debtor 2 only ☐ Taxes and certain other debts you owe the government At least one of the debtors and another Claims for death or personal injury while you were ☐ Check if this claim is for a community debt intoxicated Other, Specify is the claim subject to offset? □ No ☐ Yes

Case 20-19913

Doc 139

Filed 01/26/22

Entered 01/26/22 15:22:21

Det	Providence Lee FIIIS	Green number or 200-199-1	S. S
Pit	It 21 List All of Your NONPRIORITY Unsecured Claims		
12	Do any creditors have nonpriority unsecured claims against you?  No. You have nothing to report in this part, (lubmit this form to the		,
-	List all of your nonpriority unsecured claims in the siphabetical or nonpriority unsecured claim, list the creditor separately for each claim, list the creditor separately for each claim, listling the list of Part 1, if more than one creditor holds a particular claim, list claims fill out the Continuation Page of Part 2.		
	_		Total claim
, 41	Capital One	Last 4 digits of account number 7 0 6 5	0.00
	Nonpribity Creditor's Name Ley AHH: Bankryptey P:0: Box 30285	When was the debt incurred?	
	Number Street  Sait Lake City UT 84/30  City State ZIP Code	As of the date you file, the claim is: Check all that apply.	,
		Contingent	
	Who incurred the debt? Check one.  Debtor 1 only	☐ Unliquidated ☐ Disputed	_
	Debtor 2 only Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	☐ Student loans	
	☐ Check if this claim is for a community debt	<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>	
1	Is the claim subject to offset?  No	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
'	☐ Yes .		
4.2	01 na/.	Last 4 digits of account number 5 0 1 5	s - Ø.ØØ.
	Chase Mtg Nonpriority Creditor's Name J	When was the debt incurred? 06/96	
	P.O. Box 24696		
	Columbus OH 43224	As of the date you file, the claim is: Check all that apply.	
	City State ZIP Code	☐ Contingent ☐ Unliquidated	
:	Who incurred the debt? Check one.  Debtor 1 only	☐ Disputed	
	Debtor 2 only	Type of NONPRIORITY unsecured claim:	
•	Debtor 1 and Debtor 2 only	☐ Student loans	
ı	At least one of the debtors and another	Obligations arising out of a separation agreement or divorce	
1	Check if this claim is for a community debt	that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts	
	is the claim subject to offset?  No	1 Other Specify Real Estate Mortgage	
	Yes	21156	
4.3	Commenity Capital/mprc	Last 4 digits of account number $\frac{5}{24444}$	<u> </u>
	Pro: Box 182125	When was the debt incurred? $\frac{O9//\varphi}{}$	•
	Columbia 04 43218	As of the date you file, the claim is: Check all that apply.	
	Chy Carlo	☐ Contingent	
Ì	Who Incurred the debt? Check one.  Debtor 1 only	Unliquidated	
•	Debtor 2 only	☐ Disputed	
1	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
		Student loans	
	Check if this claim is for a community debt	<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>	
	is the claim subject to offset?  No  Yes	Debts to pension or profit-sharing plans, and other similar debts  Other. Specify	<b>S</b>
	_ 103	J	

Debler 1	Case 20-19913 Doc 139 Filed 01/26/2	2 Entered 01/26/22 15:22:21 Desc Ma Page 4 of 23 min and 20 199-13	ain
Part 2	Your NONPRIORITY Unsecured Claims - Continuation	n Pago	
After lit	ating any entries on this page, number them beginning with 4.4,	followed by 4.6, and so forth.	Total claim
Cir.	redit One Bank  Provity Graditor's Name  History Graditor's Name  History Graditor's Name  One Bank  One B	Last 4 digits of account number 2 163  When was the debt incurred? 03/14  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed	<u> </u>
	Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt the claim subject to offset? No	Type of NONPRIORITY unsecured claim:  Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Oebts to pension or profit-sharing plans, and other similar debts  Other. Specify Credit Care	;
45 (	Credit One Bank	Last 4 digits of account number $\frac{1882}{07/11}$	s 827,00
W Ci	Processing 98873  unber Street  Las Veags NV 89193	As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card	
N G G G G G G G G G	First Nahonal Bank  Decision's Products Name  1620 Decise St; Mail Stap 4440  Limber Street  Omaha NE 68197  Ity State ZIP Code  The Incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this claim is for a community debt  the claim subject to offset?  No Yes	When was the debt incurred?  Og//  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce the you did not report as priority claims Debts to pension or profit-sparing plans, and other similar debt	

Case 20-19913 Doc 139 Filed 01/26/22 Entered 01/26/22 15:22:21 Desc Main Document Page 5 of 23

Debtor	· Jimme Lee Ellis	Case number 0 - 20-199-13	
Part		ion Page	
-` After	listing any entries on this page, number them beginning with 4.	4, followed by 4.5, and so forth.	Total claim
4.7	First National Bank of Omaha	Last 4 digits of account number	:1,386,46
•	1620 Dodge St 3105	When was the debt incurred?	
;	Number Street NE 68197	As of the date you file, the claim is: Check all that apply.  Contingent	
•	Who jacurred the debt? Check one.	☐ Unilquidated ☐ Disputed	
	Debtor 1 only		
	Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only	<ul> <li>Student loans</li> <li>Obligations arising out of a separation agreement or divorce that</li> </ul>	
	At least one of the debtors and another	you did not report as priority claims	
	Check if this claim is for a community debt	Debts to pension or profit-sharing plans, and other similar debts	
	Is the plaim subject to offset?	Other. Specify	
	© Yes		
4.8	Global Payments	Last 4 digits of account number 1 1 0 4	5 D 100
	Nonpriority Creditor's Name  Pro D : Box 66118	When was the debt incurred? 06/17	
	Number Street	As of the date you file, the claim is: Check all that apply.	
	Chicago IL 60666	Contingent	
	Cay D State El Com	☐ Unliquidated	
	Who incurred the debt? Check one.	☐ Disputed	
	Debtor 1 only	Type of NONPRIORITY unsecured claim:	
	Debtor 2 only Debtor 1 and Debtor 2 only	☐ Student loans	
	At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a community debt	you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	Other Specify Returned Check	
	D No		
	☐ Yes		
4.9	Global Payments	Last 4 digits of account number $1103$	\$95.00
	Nonpriority Creditor's Name	When was the debt incurred? <u>56/17</u> .	
	Pro. Box 66118	As of the date you file, the claim is: Check all that apply.	
	Chicago IL 60666	☐ Confingent	
	City State ZIP Code	☐ Unliquidated	
	Who/incurred the debt? Check one.	☐ Disputed .	
	Debtor 1 only	Type of NONPRIORITY unsecured claim:	
	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	☐ Student loans	
	At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that	
	Check if this claim is for a community debt	you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	Other. Specify Roturned Check	
	Q No □ Yes		
			•

Case 20-19913 Doc 139 Filed 01/26/22 Entered 01/26/22 15:22:21 Desc Main Document Page 6 of 23

Debuty 1 Jin	nmig Leg Ellis	Case number pr 20-199-13	
Part Et Your NO	NPRIORITY Unsecured Claims ==	Continuation Page	
After listing any entr	ries on this page, number them begin	nning with 4.4, followed by 4.6, and so forth.	Total claim .
Debtor 1 only Debtor 2 only Debtor 1 and At least one of	State ZIP Co. the debt? Check one.  Debtor 2 only of the debtors and another  s claim is for a community debt	When was the debt incurred?	\$_ <i>\Bi</i> _\BTB
Who incurred to Debtor 1 only Debtor 2 only Debtor 1 and At least one of the last one of the l	control of the debtors and another so claim is for a community debt	Last 4 digits of account number 1 1 3  When was the debt incurred? O6/17  As of the date you file, the claim is: Check all that apply.  Contingent Unilquidated Disputed  Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Refuned Check	\$ 95, BD
Debtor 1 only Debtor 2 only Debtor 1 and At least one of	State ZIP Co.  the debt? Check one.  Debtor 2 only of the debtors and another  s claim is for a community debt	Last 4 digits of account number 4290  When was the debt incurred? 05//4  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Charge Heaven	s_ <i>D:DD</i>

Case 20-19913 Doc 139 Filed 01/2 Documer	26/22 Entered 01/26/22 15:22:21 Desc Note: Page 7 of 23	
Deliver 1 Stenance La Fillis	Case number (Family)	
Part 2: Your NONPRIORITY Unsegured Claims = Confi	inuation Page	
* After listing any entries on this page, number them beginning w		Total claim
413 St RK of TX	Last 4 digita of account number	s/61,097.0
Nonpriority Creditor's Name	/ When was the debt incurred?	
Number Street TX 75234  Rate TX Store Zur Code	Q. As of the date you file, the claim is: Check all that apply.	1884
Dallas TX Stote 75 Octo	Contingent	
, co	☐ Untiquidated ☐ Disputed	
. Who Incurred the debt? Check one.  Debtor 1 only		
Debtor 2 only	Type of NONPRIORITY unsecured claim:	
☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	<ul> <li>Student loans</li> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>	
☐ Check if this claim is for a community debt	Debts to pension or profit-sharing plans, and other similar debts     Other. Specify	
is the claim subject to offset?	G Other. Specify	
Q No □ Yes		
	Last 4 digits of account number	\$
	t i v Z, měski i <sup>ki t</sup>	
Nonpriority Creditor's Name	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
City State ZIP Code	Contingent	
Who incurred the debt? Check one.	☐ Unliquidated ☐ Disputed	
Debtor 1 only	Charles and	
Debtor 2 only	Type of NONPRIORITY unsecured claim:	
☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	<ul> <li>Student loans</li> <li>Obligations arising out of a separation agreement or divorce that</li> </ul>	
	you did not report as priority claims	
☐ Check if this claim is for a community debt	Debts to pension or profit-sharing plans, and other similar debts  Other. Specify	
Is the claim subject to offset?	a ono. openy	•
☐ No ☐ Yes	Topodo Sala Britania Company	January.
	Last 4 digits of account number	\$
Nonpriority Creditor's Name	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
770.4	<u> </u>	
City State ZIP Code	☐ Contingent ☐ Unliquidated	
Who incurred the debt? Check one.	☐ Disputed	
Debtor 1 only	Type of NONPRIORITY unsecured claim:	
Debtor 2 only		
Debtor 1 and Debtor 2 only At least one of the debtors and another	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that	
☐ Check if this claim is for a community debt	you did not report as priority claims	
is the claim subject to offset?	Debts to pension or profit-sharing plans, and other similar debts  Other. Specify	
No	- Curui. Opolog	
Yes		

esample, it a collection ap 2, then tiel the collection a	may in trying to e usnay here, kimis	edient from yoursely, if you have	your bankruptcy, for a debt that you already flated in Parts 1 or 2. For in for a debt you came to someone also, list the original creditor in Parts 1 or soons than one creditor for any of the debts that you listed in Parts 1 or 2, list the iss to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.
Natio		production to all	On which entry in Part 1 or Part 2 did you list the original creditor?
,			Line of (Check one): QI Fart I: Graditors with Pilority Unsecured Claims
Nipsthar Etrans			Part 2 Greditors with Nonpriority Unsecured Clair
manufacture of the second of the second of the			Last 4 digita of account number
Cay	litado	ZIP CHA	
Name			On which entry in Part 1 or Part 2 did you list the original creditor?
			Line of (Check one):   Part 1: Creditors with Priority Unsecured Claims
Number Street		170	☐ Part 2: Creditors with Nonpriority Unsecured Claims
-			
City	State	ZIP Code	Last 4 digits of account number
7			On which entry in Part 1 or Part 2 did you list the original creditor?
Name			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street			☐ Part 2: Creditors with Nonpriority Unsecured
			Claims
City	State	ZIP Code	Last 4 digits of account number
		1 Tr	On which entry in Part 1 or Part 2 did you list the original creditor?
Name			Line of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
Number Street			Part 2: Creditors with Nonpriority Unsecured
			Claims
City	State	ZIP Code	Last 4 digits of account number
			On which entry in Part 1 or Part 2 did you list the original creditor?
Name			
Number Street			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
			Part 2: Creditors with Nonpriority Unsecured Claims
			Last 4 digits of account number
City	State	ZIP Code	On which entry in Part 4 or Part 9 did you liet the add and in the
Name			On which entry in Part 1 or Part 2 did you list the original creditor?
Number Street			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
11411/P2 31 801			Part 2: Creditors with Nonpriority Unsecured Claims
			Last 4 digits of account number
City	State	ZIP Code	
Name	<del></del>		On which entry in Part 1 or Part 2 dld you list the original creditor?
			Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number Street			☐ Part 2: Creditors with Nonpriority Unsecured

8. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

		Total claim
Total claims	6a. Domestic support obligations	6a. s 0 ( 000)
from Part 1	6b. Taxes and certain other debts you owe the government	6b. \$ 01675
	6c. Claims for death or personal injury while you were intoxicated	6c. s 6,675
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. +s
	6e. Total. Add lines 6a through 6d.	6e. s_0.00
		Total claim
Total claims	6f. Student loans	6f. s 0.80
from Part 2	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. s
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. 5 180
	<ol> <li>Other. Add all other nonpriority unsecured claims.</li> <li>Write that amount here.</li> </ol>	61. + <u>s 164,121,46</u>
	6j. <b>Total.</b> Add lines 6f through 6i.	6j. s <u>164, 121, 46</u>

Patt in the			
A THE STATE STATE OF	formation to id	entify your case	
Debtor	Jimmu	Lice Land	E lly
Debtor 2 (Brown V Mind)	Theil Name	haste tiere	Loui Harria
United States	Rankruptcy Court I	or the: Ahelhem Dis	strict of <u>IF (linds</u>
Case number (If known)	20-19		a no and the second

Check if this is an amended filing

### Official Form 106G

## Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with whom you have the contract or lease				ease	State what the contract or lease is for				
2.1										
	Name	k es N								
	Number	Street		Cog la						
	City		State	ZIP Code			100 mg (600)	- The second of the second		
2.2				a mart of the	Specially we					
	Name			S. Titanania, 4						
	Number	Street								
	City		State	ZIP Code						
2.3				1.4						
	Name									
	Number	Street		-						
	City		State	ZIP Code						
2.4					-					
-1	Name	all months			14					
	Number	Street		The state of the s	5%					
	City		State	ZIP Code						
2,5,										
_	Name			10.49						
	Number	Street		7.0						
	City		State	ZIP Code						

Check if this is amended filing
amended filing
No.
12/15
12/15
eto and accurate as possible. If two married peo ice is needed, copy the Additional Page, fill it out the top of any Additional Pages, write your name to
tor.)
unity property states and territories include
nd Wisconsin.)
name and current address of that person.
name and carrent address of that person.
pouse is filing with you. List the person are you have listed the creditor on cial Form 106G). Use Schedule D,
lumn 2: The creditor to whom you owe the debt
eck all schedules that apply:
21.11.21
Schedule D, line Schedule E/F, line
Schedule G, line
Schedule D, line
Schedule E/F, line
Schedule E/F, line
Schedule E/F, line Schedule G, line
Schedule E/F, line Schedule G, line  Schedule D, line
Schedule E/F, line Schedule G, line

Offic

page 1 of 1

#### Case 20-19913 "Doc 139 Page 12 of 23 Fill in this information to identify your case: Debtor 1 Debtor 2 (Spouse, If filing) First United States Bankruptcy Court for the Abraham District of F An amended filing A supplement showing postpetition chapter 13 income as of the following date: Official Form 106l MM / DD / YYYY Schedule I: Your Income 12/15 Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: **Describe Employment** 1. Fill in your employment Debtor 1 information. Debtor 2 or non-filing spouse If you have more than one job, attach a separate page with **Employed Employment status** Employed information about additional · □ Not employed employers. ☐ Not employed Include part-time, seasonal, or self-employed work. Occupation Occupation may include student or homemaker, if it applies. Employer's name 10//2 Si Calhoun Number Street Employer's address Number Street Nago Il 60617 State ZIP Code State ZIP Code How long employed there? **Give Details About Monthly Income** Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2 3. Estimate and list monthly overtime pay. Calculate gross income. Add line 2 + line 3.

Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.  Specify:  11. + \$	ebt	tori Jimmie Loe Ellis		Casa rumbar gr	00-199-13	
Copy line 4 here		No.		For Debtor 1		
Sc. Ltat all payroll deductions:  5a. Tax, Medicare, and Social Security deductions  5b. Mandatory contributions for retirement plans  5c. Voluntary contributions for retirement plans  5c. Voluntary contributions for retirement plans  5c. Nequired repayments of retirement fund loans  5c. Required repayments of retirement fund loans  5c. Insurance  5c. S. Required repayments of retirement fund loans  5c. Insurance  5c. S.	(	Copy line 4 here	4,	1_0	s Ø	
5a. Tax, Medicaro, and Social Security deductions 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement plans 5c. Soluntary contributions for retirement plans 5c. Required repayments of retirement fund loans 5d. Required repayments specify: 5d. Required repayments specify: 5d. Required repayments fund loans 5d. Solution dues 5d. Required repayments fund loans 5d. Unlon dues 5d. Required repayments fund loans 5d. Solution due and fund loans 5d. Solution fund loans 5d. Solution fund loans 5d. Net Income from rental property and from operating a business, profession, or farm Altach a statement for each property and from operating a business, profession, or farm Altach a statement for each property and from operating a business, profession, or farm Altach a statement for each property and from operating a business, profession, or farm Altach a statement for each property and from operating a business, profession, or farm Altach a statement for each property and from operating a business, profession, or farm Altach a statement for each property and from operating a business, profession, or farm Altach a statement for each property and from operating a business, profession, or farm Altach as tatement for and property satisfies and for farm of the form of the	•			,	,	
So. Mandatory contributions for retirement plans  5c. Voluntary contributions for retirement plans  5c. Voluntary contributions for retirement plans  5c. Required repayments of retirement fund loans  5d. Required repayments of retirement fund loans  5d. Insurance  5d. S. J. S		•	•-		. 11	
5c. Voluntary contributions for rotirement plans 5d. Required repayments of retirement fund loans 5d. Issurance 5d. Sequired repayments of retirement fund loans 5e. Insurance 5f. Demestic support obligations 5f. Demestic support obligations 5g. Union dues 5h. Other deductions. Specify: 5h. + \$				-0	- 0	
5d. Required repayments of retirement fund loans 5d. Insurance 5d. \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$				• 7		
56. Insurance 56. S				5 (%	5 0	
59. Unlon dues 59. Sp. \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$				s Ø	5 11	
5g. Union dues 5g. Sp. Sp. Sp. Sp. Sp. Sp. Sp. Sp. Sp. Sp				s Ø	\$ 0	
5h. Other deductions. Specify:  6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h. 6. 5  7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. 5  8. List all other Income regularly received:  8a. Net Income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receits, ordinary and necessary business expenses, and the total monthly net lincome.  8b. Interest and dividends  8c. Family support payments that you, a non-filling spouse, or a dependent regularly received include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8d. Unemployment compensation  8e. Social Security  8f. Other government assistance that you regularly receive include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  8g. Pension or retirement Income  8h. Other monthly income. Specify: Actify (Sadison (Falling))  8h. + \$\frac{1}{2000.00}\$  9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.  9. \$\frac{1}{2000.00}\$  9. Add all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  10. Calculate monthly income. Specify:  11. * \$\frac{1}{2000.00}\$  11. * \$\frac{1}{2000.00}\$  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.  Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies  10. Combine Combined contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  11. Add the amount in the last column of line 10 to the amount in line 11. The res			50	s Ø	s	
6. Add the payroll deductions. Add lines \$a + 5b + 5c + 5d + 5e + 5f + 5g + 5h. 6.  7. Calculate total monthly take-home pay. Subtract line 6 from line 4.  7. \$\frac{1}{2}\$  8. Net Income roun rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  8b. Interest and dividends  8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and properly settlement.  8d. Unemployment compensation  8e. \$\frac{1}{2}\$  8o. \$\fr				+5 0	+ 5 %	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.  8. List all other Income regularly received:  8a. Net Income from nental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  8b. Interest and dividends  8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and properly settlement.  8c. Social Security  8d. Unemployment compensation  8e. Social Security  8f. Other government assistance that you regularly receive include cash assistance and the value (if known) of any non-cash assistance that you receive, such as God stamps (beenfits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  8g. Pension or retirement income  8h. Other monthly income. Specify: Basher (Sa) (Fadds)  8h. + \$\frac{1}{3}\text{200.05}200.05	6			. 0	X.	
8. List all other income regularly received: 8a. Net Income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Familty support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. Unemployment compensation 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  8g. Pension or retirement income  8h. Other monthly income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.  9. \$7\frac{3\frac				• Ø	· • Ø	
8a. Net Income from rental property and from operating a business, profession, or farm Altach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  8b. interest and dividends  8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8c. Unemployment compensation  8d. Unemployment compensation  8e. Social Security  8f. Other government assistance that you regularly receive include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  8g. Pension or retirement income  8h. Other monthly income. Specify: Assimpt (880) + (leadson (2000))  8h. + \$ \frac{1}{2000 \to 0} \frac{1}{2000	••	Outchard total monthly decentions pay, Subtract line of non-line 4.	٠.	*	<b>\$</b>	
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  8b. Interest and dividends  8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8d. Unemployment compensation  8e. Social Security  8f. Other government assistance that you regularly receive include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (senefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  8g. Pension or retirement income  8h. Other monthly income. Specify: Assingt (SBO) (Leafson (E2DD))  8h. + \$   1000 D   \$   500 F	8.					
8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemptoyment compensation 8e. Social Security 8e. \$\frac{7}{13\ldots}\$		profession, or farm			,	
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and properly settlement.  8d. Unemployment compensation 8d. \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		monthly net income.		\$2,216.50	\$	
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8d. Unemployment compensation  8e. Social Security  8f. Other government assistance that you regularly receive include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  8f. \$\sqrt{3}\$  8g. Pension or retirement income  8h. Other monthly income. Specify: Archiver (\$\sqrt{80}\$) - (\sqrt{300}\sqrt{500})  8h. +\$\sqrt{100000}\$  9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.  9. \$\sqrt{7,809.50}\$  9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  10. \$\sqrt{7,809.50}\$  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  11. + \$\sqrt{9}\$  2. Add the amount in the last column of line10 to the amount in line 11. The result is the combined monthly income.  Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies  12. \$\sqrt{7,809}\$				\$	\$	
settlement, and property settlement.  8c.   Social Security   8d.   \$   \$   \$   \$   \$   \$   \$   \$   \$			ıt			
8e. Social Security  8e. \$\frac{713100}{513100}\$\$  8f. Other government assistance that you regularly receive include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  8g. Pension or retirement income  8h. Other monthly income. Specify:  Another (800) (Gallos (4300))  8h. +\$\frac{1100000}{500000000000000000000000000000			8c.	\$	\$ <u> </u>	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  8g. Pension or retirement income 8h. Other monthly income. Specify:  Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.  9. \$\frac{7,809.50}{2,809.50} + \frac{5}{2,809.50} + \frac{5}			8d.	\$	\$	
Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  8g. Pension or retirement income 8h. Other monthly income. Specify:  6. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.  7. Calculate monthly income. Add line 7 + line 9.  8d. \$\frac{\frac{1}{3000}}{\frac{1}{3000}}\$\$ \$\frac{1}{3000}\$\$ \$\frac{1}{30			8e.	\$	s	
8g. S S S S S S S S S S S S S S S S S S S		Include cash assistance and the value (if known) of any non-cash assistanthat you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.		s Ø	• A	
8h. Other monthly income. Specify: Archer (380) (GodSon (3000)) 8h. +\$ 15000.00 +\$				· 60	~	
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.  9. \$\frac{7}{309.50}\$ \$\frac{1}{509.50}\$ \$\frac{1}{5			8g.	\$	\$	
O. Calculate monthly Income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  10. \$\frac{7,809.50}{2}\$ + \$=\$\$\$\$\$\$\$\$\$\$		8h. Other monthly income. Specify: Brother (880) (Candson (53,000))	8h.	+\$ 15000-00	+\$	
Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  10. \$\frac{7\text{307}\cdot 50}{1\text{10}}\$ + \$\frac{5\text{10}}{2\text{10}}\$ = \$\frac{5\text{10}\text			9.	\$ <u>7,809.50</u>	\$	
Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.  Specify:  11. + \$	0, 0	Calculate monthly Income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$ 7,809.50	+ \$=	\$7,869-52
Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.  Specify:  2. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.  Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies  12. Combine	١	Include contributions from an unmarried partner, members of your household, y	fule .	ependents, your roo	mmates, and other	
2. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.  Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies  12. S7,80  Combine	Į	Do not include any amounts already included in lines 2-10 or amounts that are	not a	vailable to pay expe		
white that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies 12. S7180				lie the combined		2 6
	١	Write that amount on the Summary of Your Assets and Liabilities and Certain S	resul Statist	is the combined mo ical Information, if it	onthly income. applies 12.	\$ <u>7,809.</u>
No.	13.	Do you expect an increase or decrease within the year after you file this No.	form	B = 22		monthly inc

Case 20-19913 Doc 139 Filed 01/26/22 Entered 01/26/22 15:22:21 Desc Main Pocument Page 14 of 23

Case No. 20-199-13 In ro Jimmio L Ellis Debtor(A)

#### SCHEDULE I - YOUR INCOME Attachment A

\$ 700.00

**Property** 

9922 S Paxton

Sandra Baker	\$400.00	
	•	\$150.00
		\$ 50.00
		\$ 34.00
		- 13

10122 South Calhoun

House	Vacant	<b>\$.00</b>	
Taxes .			\$150.00
Ins	·		\$ 50.00
Water			\$ 34.00

1650 West 61st Street

1st & 2nd floor

Taxes		\$200.00
ins		72.00
Water		68.00

**Linda Dennis** 

Water

10000 S Hoxie

<b>Ho</b> use	Vacant	\$1,200.00	
Taxes			\$154.00
Ins .			\$ 50.00
Water			\$ 34.00

10044 S Yates

House	Vacant	\$.00	
Taxes			\$205.00
Ins			\$ 50.00
Water			\$ 34.00

Case 20-19913 Doc 139 Filed 01/26/22 Entered 01/26/22 15:22:21 Desc Main Document Page 15 of 23

### 9726 S Chappel

Townhouse	Art Williams \$950.00	
Mortgage		\$ 229.69
Ins	•	\$ 56.00
Taxes		\$ 145.00
ТЦХСЭ		A 24.00

#### 130 West 110th Pl

Water

2-flat	Vacant	<b></b> 00	
Taxes			\$145.00
Ins			\$100.00
Mortgage			\$328.00

#### 1104 West 104th Street

House	<b>Taura Collins</b>	\$1,200.00	
Ins		. Dev	\$ 56.00
Taxes			\$145.00
Water			\$ 34.00

8637 S Colfax	Vacant	\$.00
oost a collax	<b>V</b> acail	Ψ.00

2-flat (2 unit vacant)

ins.	\$ 50.00
Taxes	\$250.00
Water	\$100.00

Total \$4,450.00 (\$2233.50) Net \$2,216.50

Fill in this information to identify	Vour nasg					
Deblor 1 Jimmle	Lee GIIIs	Check if th	ila la			
Debtor 2	Makita Harris Land Florida	Ø An am		Ded		
(Spouse, If filing) First Name	Middle Harse Leaf Herrit				postpetition chapter 13	
	Northern District of Jellaois				wing date:	
Case number 20-199-13	3	MM 7 DI	my Id			
Official Form 106J						
Schedule J: You	ur Expenses				12/15	_
	ossible. If two married people are fill ed, attach another sheet to this form					
Part 1: Describe Your Hou	ısəhold					
1. Is this a joint case?						
No. Go to line 2.  Yes. Does Debtor 2 live in a s	separate household?					
□ No	•					
	e Official Form 106J-2, Expenses for S	eparate Household of Debtor 2.				
Do you have dependents?  Do not list Debtor 1 and	☐ No .  Ves. Fill out this information for	Dependent's relationship to Debtor 1 or Debtor 2		Dependent age	l's Does dependent liv with you?	re
Debtor 2.	each dependent	Friend		80,00		_
Do not state the dependents' names.		11161101	-	20417	Yes	
					☐ No ☐ Yes	
					□ No	
					☐ Yes	
		- 176			☐ No	
					☐ Yes ☐ No	
					☐ Yes	
Do your expenses include expenses of people other than	☑ No ☐ Yes			,		
yourself and your dependents?	165					••
	ing Monthly Expenses					
	r bankruptcy filing date unless you a akruptcy is filed. If this is a suppleme					
applicable date.	iktuptcy is thed. If this is a suppleme	mai schedule s, check die bo.	k at uit	top or ure	TOTAL GIRG III III GIO	
	n-cash government assistance if you d it on Sc <i>hedule I: Your Income</i> (Offi			Your	xpenses	
<ol> <li>The rental or home ownership e any rent for the ground or lot.</li> </ol>	expenses for your residence. Include	first mortgage payments and	4.	\$	Ø	
if not included in line 4:					hm	
4a. Real estate taxes			4a.	\$	15.60	
4b. Property, homeowner's, or n			4b.	\$	13.00	
4c. Home maintenance, repair,			4c.	\$	22.00	
4d. Homeowner's association or	r condominium dues		4d.	\$	<u> </u>	

7

Case 20-19913 Doc 139 Filed 01/26/22 Entered 01/26/22 15:22:21 Desc Main Document Page 17 of 23

Debtor 1

Fried Homes Marsh Harry Lee [1/15] Casa ramter a man 20-199-13

				Your expenses
ε	5,	. Additional mortgage payments for your residence, such as home equity loans	6.	s_Ø
		Utilities:		
f		6a. Electricity, heat, natural gas	ca.	15000
,		6b. Water, sewer, garbage collection	6b,	: 6000
		6c. Telephone, cell phone, Internet, satellite, and cable services	6C,	4400
		6d. Other. Specify:	60.	s 8
	7.	Food and housekeeping supplies	7.	3 26800
	8.	Childcare and children's education costs	8.	s Ø
	9,	Clothing, laundry, and dry cleaning	9.	s 9500
1	0.	Personal care products and services	10.	s_3600
1	1.	Medical and dental expenses	11.	\$ 4500
1	2.	Transportation. Include gas, maintenance, bus or train fare.  Do not include car payments.	12.	s 150 <u>00</u>
1:	2	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	s_ 30 <u>00</u>
14		Charitable contributions and religious donations	14.	s Ø
1:	5.	Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.		s 5000
		15a. Life insurance	15a.	\$
		15b. Health insurance	15b.	\$
		15c. Vehicle insurance	15c.	s 4000
		15d. Other insurance. Specify:	15d.	s
16.		Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify:	<sup>16.</sup> .	sØ
17.	1	Installment or lease payments:		d
	1	17a. Car payments for Vehicle 1	17a.	\$
	1	17b. Car payments for Vehicle 2	17b	\$
	1	17c. Other. Specify:	17c	\$
		17d. Other. Specify:	17d	. s <u>D</u>
10	V	our payments of allmony, maintenance, and support that you did not report as deducted from		
10,	y	our pay on line 5, Schedule I, Your Income (Official Form 106I).	18	s
19.	0	Other payments you make to support others who do not live with you.		Ø
	S	pecify:	19	s. \$
20.	0	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Inco	me.	. Ø
	20	0a. Mortgages on other property	20	a. \$
	20	0b. Real estate taxes	20	b. \$
	20	oc. Property, homeowner's, or renter's insurance	20	c. \$
			. 20	
		De. Homeowner's association or condominium dues	20	e. \$
	_			

Case 20-19913 Filed 01/26/22 Entered 01/26/22 15:22:21 Doc 139 Page 18 of 23 Document 20-199-13 Jimmie Lee Ellis Debtor 1 Other, Specify: Calculate your monthly expenses. 22a. Add lines 4 through 21. 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 200 22c. Add line 22a and 22b. The result is your monthly expenses. 23. Calculate your monthly net income. 23a. Copy line 12 (your combined monthly income) from Schedule I. 23b. Copy your monthly expenses from line 22c above. 23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income. 24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? اکور 🗖 With the surrendering of 4 of my properties listed in this bankrupter, which are major sources contributing to my income, my income will decrease. ' Explain here:

×

Case 20-19913 Doc 139 Filed 01/26/22 Entered 01/26/22 15:22:21 Desc Main Document Page 19 of 23

### 20-19913 Jimmlo L. Ellis

Case type: bk Chapter: 13 Asset: Yes Vol: v Honorable Judge: Timothy A. Barnes Date filed: 11/07/2020 Date of last filing: 11/04/2021

## **Creditors**

Bank of New York Mellon Trust Company PHH Mortgage Services P.O. Box 24606 West Palm Beach, FL 33416	(29433942) (cr)
Bank of New York Mellon Trust Company, N.A. as Tru Compu-Link Corporation D/B/A Celink Attn: Bankruptcy Department 101 West Louis Henna Blvd Ste #450 Austin, TX 78728	(29160460) (cr)
BT Liens 6474 Cape Cod CT Lisle, IL 60532	(29108073) (cr)
BT Liens LLC c/o William Budicin 6474 Cape Cod Ct Lisle, IL 60532	(29108074) (cr)
BT LIens LLC c/o Tingate Jue 1221 Millet St Naperville, IL 60563	(29108075) (cr)
Calvary SPV LLC 508 Summit Lake Dr Ste 400 Valhalla, NY 10595	(29108076) (cr)
Capital One Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130	(29108077) (cr)
Cavalry SPV I, LLC 500 Summit Lake Drive, Ste 400 Valhalla, NY 10595	(29110966) (cr)
Chase Mtg P.o. Box 24696 Columbus, OH 43224	(29108078) (cr)
CIT Bank, N.A. 2900 Esperanza Crossing Austin, TX 78758	(29108079) (cr)
City of Chicago Department of Finance	(29159943)

Case 20-19913 Doc 139 Filed 01/26/22 Document Page 1	Entered 01/26/22 15:22:21 age 20 of 23	Desc Main
Utility Billing & Customer Service Div 121 N. LaSalle St., Suite 400 Chicago, IL 60602		
City of Chicago Water Dept 333 S State Chicago, IL 60680-1292	(29108080) (cr)	
Codilis Assoc.  15 W 030 N Frontage Suite 100 Burr Ridge, IL 60527	(29108081) (cr)	
Comenity Capital/mprc Po Box 182125 Columbus, OH 43218	(29108082) (cr)	
Cook County Land Bank Authority 69 W. Washington Street Suite 2938 Chicago, IL 60602	(29108083) (cr)	
Cook County Treasurer 118 N Clark Rm 112 Chicago, IL 60602	(29346887) (cr)	
Credit One Bank Attn: Bankruptcy Po Box 98873 Las Vegas, NV 89193	(29108084) (cr)	
First National Bank Attn: Tina 1620 Dodge St Mailstop 4440 Omaha, NE 68197	(29108085) (cr)	
First National Bank of Omaha 1620 Dodge St Stop Code 3105 Omaha, NE 68197	(29108086) (cr)	
Global Payments Po Box 66118 Chicago, IL 60666	(29108087)· (cr)	
Intercoastal Equity LLC 1014 Norththrope Drive Atlanta, GA 30324	(29108088) (cr)	
Intercoastal Equity LLC c/o CT Corporation System 208 S. LaSalle Street - Ste. 814 Chicago, IL 60604	(29108089) (cr)	
Intercoastal Equity LLC c/o Ravi J. Mallik 1014 Northrope Drive Atlanta, GA 30324	(29108090) (cr)	

Case 20-19913	Doc 139	Filed 01/26/22	Entered 01/26/22 15:22:21	Desc Main
		Document F	Page 21 of 23	

, D	ocument	Page 21 of 23	
Kluever & Platt 150 N Michigan Suite 2600 Chicago, IL 60601			(29108091) (क)
LVNV Funding, LL Resurgent Capital Se PO Box 10587 Greenville, SC 29603	ervices		(29191995) (cr)
Manley Deas Kocha P.O. box 165028 Columbus, OH 43210			(29108092) (cr)
Manufacturers and c/o Select Portfolio S P.O. Box 65250 Salt Lake City, UT 84	ervicing, Inc.		(29133790) (cr)
Manufacturers and c/o Select Portfolio S	ervicing, Inc.	t Company	(29128927) (cr)
Manufacturers and control of Manley Deas Koc P.O. Box 165028 Columbus, OH 43216	halski LLÇ	t Company	(29113773) (ntcapr)
Midnight Velvet Swiss Colony/Midnig 1112 7th Ave Monroe, WI 53566	ht Velvet		(29108093) (cr)
NewRez DBA Shellpe PO Box 10826 Greenville, SC 29603	oint Mortgag	e Servicing	(29122163) (cr)
Portfolio Recovery A PO Box 41067 Norfolk, VA 23541	ssociates, LL	С	(29432083) (cr)
Portfolio Recovery A PO Box 41067 Norfolk, VA 23541	ssociates, LL	C	(29430160) (cr)
Quantum3 Group LL Comenity Capital Bank PO Box 788 Kirkland, WA 98083-0	k	or	(29185425) (cr)
Sabre Investements L 120 W Madison Street Suite 918 Chicago, IL 60602	LC		(29108094) (cr)
Select Portfolio Service Po Box 65250	eing, Inc		(29108095) (cr)

Case 20-19913 Doc 139 Filed 01/26/22 Entered 01/26/22 15:22:21 Desc Main Document Page 22 of 23

Salt Lake City, UT 84165

SMM-Tax inc

c/o Matthew Connelly
312 N Clark - Ste 2200

(29108096)
(cr)

Chicago, IL 60654

SMM-Tax Inc

Morte Workelding (29108098)

Mark Wubbolding
393 Addison Rd
Riverside, IL 60546

SMM-Tax Inc
Samuel Tornaturo (29108097)

402 Midwest Club Prkwy
Oak Brook, IL 60523

St Bk Of Tx (29108099)

11950 Webb Chapel Road (cr)
Dallas, TX 75234

The Bank of Missouri (29159755)

PO Box 105555 Atlanta, GA 30348

Case 20-19913 - Doc 139 Filed 01/26/22 Entered 01/26/22 15:22:21 Document Page 23 of 23 Fill in this information to identify your case: Debtor t Jimmle L. Ellis Last Name Marie Name Feel Name Debtor 2 Last Ham Post Name (Spoure d, larg) NORTHERN DISTRICT OF ILLINOIS United States Bankruptcy Court for the Case number 20-19913 Check if this is an amended filing

Official Form 106Dec

# Declaration About an Individual Debtor's Schedules

if two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$260,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1619, and 3571.

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Attach Bankruptcy Pelition Preparer's Notice.

Declaration, and Signature (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X

Jimphle L Ellis

Signature of Debtor 1

Date 01-25-20

Date

Official Form 106Dec

Declaration About an Individual Debtor's Schedules